

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-041510**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10963**

FILED NOV 15 1963

VS 300  
Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Louis</b>		c. CITY OR TOWN <b>New Haven</b>	
Length of stay in lb <b>4 weeks</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>New Haven</b>	
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>Guese</b> Last <b>Guese</b>		4. DATE OF DEATH Month <b>November</b> Day <b>3</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/16/1900</b>
9. AGE (last birthday) <b>63</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		11. BIRTHPLACE (City and state or country) <b>Stansbury, Mo.</b>
10a. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>G. Guese</b>		13b. MOTHER'S MAIDEN NAME <b>Mary McClelland</b>	
14. NAME OF HUSBAND OR WIFE <b>Edna Guese</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>4211</b>		17. INFORMANT <b>Robert Guese, New Haven, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute severe pulmonary edema</b> DUE TO (b) <b>Aortic stenosis, severe, with left ventricular failure</b> DUE TO (c) <b>?</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>10-6-63</b> a.m. <b>11:05 am</b> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>11-3-63</b>	
20g. COUNTY <b>10-6-63</b>		20h. STATE <b>11-3-63</b>	
21. I attended the deceased from <b>10-6-63</b> to <b>11-3-63</b> and last saw her alive on <b>11-3-63</b> Death occurred at <b>11:05 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>634 N. Grand Blvd.</b>	
22c. DATE SIGNED <b>11-4-63</b>		23. LOCATION (City, town, or county) (State) <b>Senate Grove, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11-6-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Senate Grove Cemetery</b>	
24. FUNERAL DIRECTOR <b>Fertig Funeral Home, New Haven, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 5 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>		27. REGISTRAR'S SIGNATURE	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Elton R. Remelux*

Licensed Embalmer No.

*4283*

P. O. Address

*St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.